

Using Data for Continuous Quality Improvement in an Integrated Setting

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Introduction

The need for explicit data review and defined quality improvement processes has often been overlooked in the human services field. In system of care initiatives, this need is even greater as adherence to the principles and values base of the wraparound model is what has typically assured successful outcomes from both a quality and financial perspective. In Monroe County, New York, a non-federally funded system of care initiative engaged in data review as part of a quality improvement process. Results demonstrated both positive clinical outcomes and sizable cost savings and resulted in significant program expansion. In addition, the data have revealed that despite challenges with fidelity, positive outcomes can be achieved.

The Monroe County Youth and Family Partnership (YFP) in Rochester, NY is an innovative integrated cross-system approach whereby each Care Coordinator serves as a Mental Health Case Manager, a probation officer and a child welfare caseworker for enrolled youth and their families. This integration of functions represents a novel approach to reducing the number of people with whom families need to interact in order to get their needs met. The initiative began as a 25-youth pilot project in 2002. From the outset, the project's leadership asserted the need to demonstrate successful outcomes, both clinically and fiscally, for continuation. In 2004, as a result of demonstrated cost savings and improvements in youth functioning, the project doubled to serve 50 families. In 2005, at a time when service reductions and budget cuts have been the norm in Monroe County, the project was approved for expansion to serve 100 families. This is wholly attributable to the project's ability to demonstrate compelling cost savings to Monroe County while also providing a more effective intervention that supports families in developing their own skills and abilities to meet their needs. This summary describes methods and results from comprehensive evaluation of the YFP project, and demonstrates how data were used for quality improvement.

Method

Coordinated Care Services, Inc. has provided a comprehensive annual evaluation of the YFP project for Year 1 (July 2002-June 2003) and Year 2 (July 2003- June 2004). This evaluation has included computation of the overall and local cost-savings of the initiative, assessment of fidelity to the wraparound model, consumer satisfaction, review of clinical and functional improvements using the Child and Adolescent Functional Assessment Scale (CAFAS; Hodges, 2000) and impact on overall County out-of-home placement rates.

Fiscal indicators were computed using the CareManager® information system, which captures actual client and family costs for all YFP families enrolled during the evaluation periods. Total costs were computed and compared to local residential care costs which were established through an extensive cost-finding study completed at the project's inception.

To assess fidelity to the project's model, several indicators were reviewed using CareManager® including child and family team composition, frequency of team meetings, and the use of informal/natural resources, system/community supports and paid providers to meet family needs. Changes in functioning were assessed by reviewing the intake CAFAS scores and comparing them to the most recent CAFAS scores. Hodges, the scale's author, suggests that as the instrument is "very sensitive to changes in functioning" (Hodges, 1999, p. 24), and an improvement in Total score from intake to most recent functioning of 20 points or more is significant.

Results

A portion of the results from this evaluation, including fiscal, functional and fidelity indicators are presented here.

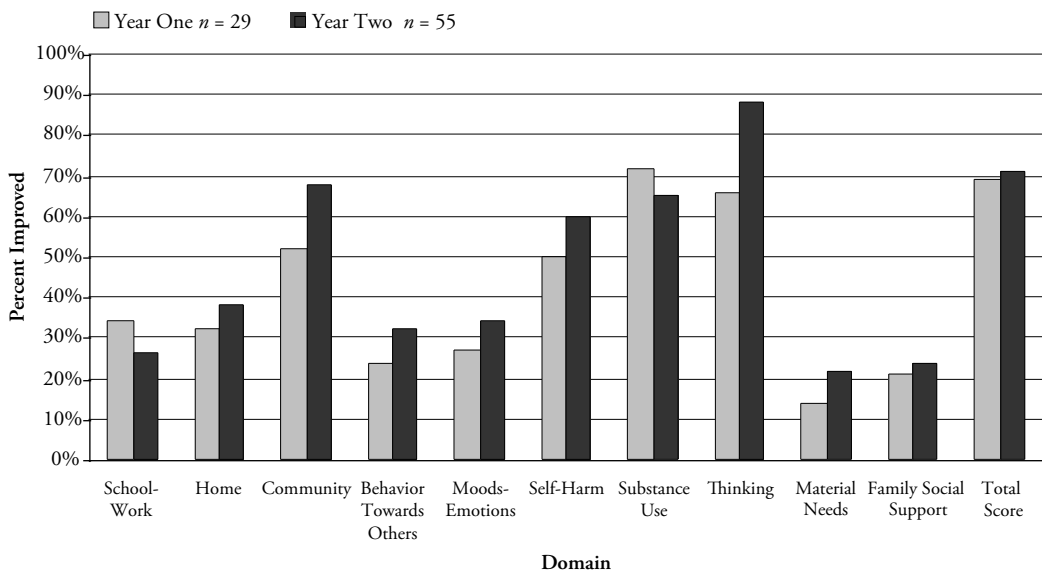
In Year 1, cost-savings to Monroe County averaged approximately \$38,274 per youth, which was conservatively estimated at over a half-million dollars in total savings. For Year 2, savings per enrollee were \$45,751 on average, totaling nearly a million dollars for the entire project.

With respect to functional improvements, the CAFAS has reflected improvements for enrollees. Sixty-nine percent of children and families evidenced functional improvements in Total CAFAS scores in Year 1. This result was consistent in Year 2 as total CAFAS scores improved for 71% of enrollees. In addition to Total scores, improvements were noted in many of the other critical subscales of the CAFAS.

The CAFAS data also provided unique insights into areas for growth and development. Specifically, Community domain improvements were noted in only 52% of enrollees in Year 1. As all YFP participants are on probation and functioning in the community is critical, this was an area of focus in Year 2. Focused attention resulted in an increase in improvement in this domain to 68% of enrollees. Figure 1 reflects the percentage of enrollees who demonstrated any improvement in the various CAFAS domains.

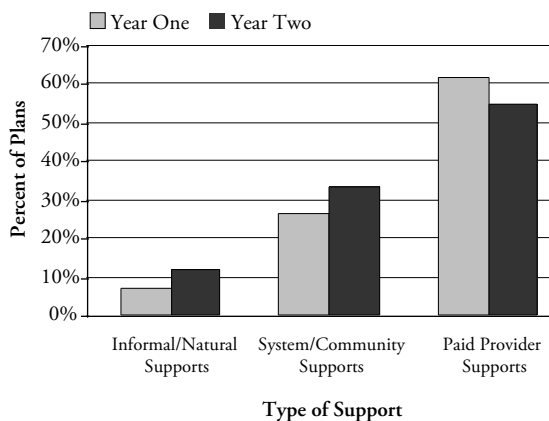
The wraparound model used by the YFP assists families with the development of informal and natural resources to support them over time, thereby ultimately reducing the family’s reliance on the formalized service system. From this philosophical underpinning, more substantial increases in scores in the Family Social Support domain were anticipated. As this has not been substantiated, it has become a concerted area of focus for the YFP in Year 3. Efforts include a broader social marketing and awareness campaign regarding system of care values and principles as well as the hiring of one employee devoted to community development.

Figure 1
CAFAS Improvements



One indicator of fidelity to the wraparound model is the balanced use of a variety of supports—natural/informal, system/community and paid providers—to meet family needs. Informal/natural supports may include family members, neighbors, etc. System/community supports include school staff and other service providers who are not directly paid by the YFP. Paid providers include, but are not limited to, therapists or skill-builders that are paid by the YFP. Team Plans for the YFP reflected high use of paid provider supports and minimal use of informal/natural and system/community supports in Year 1. Efforts made to focus on this area in Year 2 yielded slight increases. As this is a key component of effective wraparound, a more concrete plan to address this is in place for Year 3 which includes the hiring of the community developer and securing the services of a professional Wraparound Process Coach to support Care Coordinators in building supportive teams with families and maximizing team contributions in plan development and implementation. Figure 2 illustrates the percentage of plans for all enrollees and for all enrollment months which authorized the various types of supports (informal/natural, system/community, paid provider).

Figure 2
Plans Use of Informal, Community & Paid Supports



Conclusion

The results from this evaluation have demonstrated the ability to effect positive outcomes both clinically and fiscally despite apparent challenges with fidelity. The evaluation report has served as the basis to identify areas of strength and areas for growth and development with program leadership, administration and staff and has provided a foundation for planning and continuous quality improvement initiatives. Further study of the innovative approach used by Monroe County, where the roles of three child-serving systems (mental health, child welfare and juvenile justice) are blended, is warranted. In addition, the evaluation suggests many areas for growth and development and offers myriad recommendations to assure that the project enhances its ability to deliver high quality, cost effective and culturally competent services.

This has culminated in a larger scale quality improvement initiative for the project that involves the project's leadership from the key child-serving systems (mental health, juvenile justice and social services), project administrators and supervisors and the project staff. Several steps have been taken to build upon the project's strengths and enhance areas of perceived weakness including fidelity and specific areas on the CAFAS, such as the Family Social Support and Community domains. This quality improvement process has included a focused effort to revisit the model's parameters and values, a review of the integration of the functions of the Care Coordinators, planning a response to the Care Coordinators identified needs through modified staffing structures, as well as a plan to conduct more real-time data review and analysis for immediate feedback to program administrators, supervisors and staff.

References

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